



Dan DeLong / P-I

Stephanie Lane hugs Capital Clubhouse member Joey Scardina while they prepare lunch Monday. The program in Olympia helps those with mental health issues.

This story of mental illness -- and recovery -- is still being told

By [CAROL SMITH](#)
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OLYMPIA -- Stephanie Lane saw the man arrive out of the corner of her eye, and despite the warmth in the room, she felt a fleeting shiver, the familiar bone chill of recognition.

The man had a sleeping bag tucked under one arm, a couple of hard days' worth of stubble on his street-ruddy face, a vaguely hunted look. He appeared in search of something -- a shower, a hot meal and something else -- something less tangible. Something that resembled a chance.

Lane, a program director with the state's mental health division, had arrived a few minutes earlier at the Capital Clubhouse -- a drop-in center and job-training program for people with mental illness. Chic in black, with a toss of strawberry blond hair and sea foam-green eyes, Lane is funny and smart, articulate and engaging. She was perched at a lunch table in the common area discussing grant proposals when the man walked in.

She interrupted her meeting to greet the stranger in the room.

"I'm Stephanie," she said, sticking out her hand. "I've been where you are."

They shook on that, a gesture that sealed a pact that is at once Lane's job responsibility and her personal mission -- to help people like herself navigate their way out of the morass of mental illness.

Diagnosed with bipolar disorder and alcoholism, Lane, 40, considers herself in recovery from both. But she remembers, every day, what it took to get her there, and what it takes, every day, to keep her going.

"My story isn't over," she said.

Whenever Lane starts to tell her story, a thin white scar wrapping her left wrist begins to prickle.

She tells it anyway, to combat the lingering stigma against people with mental illness today.



Stephanie Lane

Lane keeps photos she took 10 years ago while actively struggling with mental illness as a reminder of her more difficult times.

It's not a good climate to be mentally ill. Though more than a quarter of the population has some form of mental disorder, the public is still largely fearful of those who don't always track when they talk, or who talk to themselves, or whose behavior is otherwise hard to understand.

Stereotypes abound, fed by the psychotic killers of Hollywood imagination as well as the real suspects who turn up in news accounts of tragic crimes. The Puget Sound area has had an unusual number of high-profile killings this year involving suspects with severe, untreated mental illness.

Such images don't reflect the experience of the majority of people with mental illness, many of whom have crafted stable, productive lives, and the majority of whom are neither violent nor dangerous. But they keep people in the community from supporting recovery efforts, and they prevent many of those who need help from seeking it.

"Mental illness is so isolating," Lane said.

\$13,000 in parking tickets

This is what mania looks like: A pretty teen in a beauty contest taking the stage in Auburn. Lane, finishing the song "Delta Dawn," then starting, inexplicably, to twirl. A dervish in her mind urging her to spin harder, faster. Stage handlers fetching her from the stage when she wouldn't quit. Her mother, watching from the audience, mortified.

At the time, no one knew Lane was sick. But she herself had begun to suspect.

"I didn't think right. It's like my mind had fractured," she said. "Looking out -- everybody in the audience had two faces, like what would happen to your brain if it had jagged edges."

Her teens and early adulthood were marked by extreme mood swings -- sheer highs from which she would cliff-dive into depression. When she was manic, she made bad relationship choices -- "Let's just say I had poor taste in rich men" -- and traveled the world, living on a "G-string and a smile."

In Seattle, she would move from one downtown high-rise to another, sometimes not bothering to pay rent. "I wouldn't even move anything -- I'd just go get another apartment," she said. "It was crazy -- a wild life."

She racked up \$13,000 in parking tickets, which she is still paying off.

"And God help me if I were near a casino," she said. Casinos were where her interior world perfectly matched her environment -- "all dinging, shiny and sparkly."

But if her life story had a title, it would be "What goes up, must come down," she said.

When she came down, the high-rises turned to a series of roach hotels, and later the street. She drank as a form of self-medication. She slept under bushes near Seattle University. She has a scar trailing down her neck where a mugger sliced her throat.

"I did everything you do on the street to survive," she said. Then she would wake up in the morning angry she wasn't dead.

"It's like I had to get up and remind myself to breathe."

This is what depression looks like -- a glass of wine on the ledge of the bathtub. An X-Acto knife -- large, and purchased especially for the occasion. A prayer for forgiveness and a death wish.

A gash so deep it required 53 stitches.

'He gets me'

Lane's story might have ended there at age 24, except for a series of small, compassionate gestures from strangers.

After she slashed her wrist, her head snapped back and hit the wall above her head hard enough it alerted the building security guard.

He thought she had fallen in the shower and let himself into the apartment.

Had he arrived seconds later, she would have been dead. He wrapped her up and called 911. Medics took her to Harborview Medical Center.

"I'm crazy and I don't know what's happening," she said. "I had been for months." But smelling of alcohol, she was treated as a "chronic inebriant." They stitched her up and discharged her to the street with a "bus ticket and paper slippers."

Dazed and still wearing bloody clothing, she alarmed the bus passengers, who urged her to go back to the hospital. When she wouldn't, the Metro driver drove out of his way to drop her back at her one-room hotel apartment.

She lay in bed the next four days, so ashamed of what she'd done, she took her own stitches out with fingernail scissors. Then she sought out a priest and poured out her story.

As she spoke, he kept nodding.

"I thought, he gets me," she said. She felt an enormous sense of relief.

Turns out the priest, the Rev. Peter Chirico of St. James Cathedral, had Parkinson's. But he, in fact, did get her. He gave her the name of a psychiatrist, who diagnosed her for the first time.

The doctor started her on Lithium, a mood-stabilizer, and within three weeks she started thinking clearly.

"It's like someone tuned the radio to the right station. Before, it was like I was always between two stations -- like there was static all the time."

'Some kind of evil'

Lane believes she might have been diagnosed with mental illness earlier, but for a persistent unwillingness on the part of family, and the larger culture, to see the symptoms for what they were. "When you do well, people expect that that's normal," she said. "When you're not doing well -- they ask, what wrong choice did you make that you're homeless and suicidal?"

In her own case, a childhood trauma at the hands of a friend's grandfather triggered a pattern of irrational conduct.

"Something changed drastically," said her mother, Joyce Lane. "It was like a curtain coming down on a theater performance, like Elvis left the building."

Though her family had a history of mental illness on both sides, no one associated her childhood "acting out" with anything other than bad behavior.

Her father, a Catholic and a cop, thought there was "some kind of evil in her." Her mother didn't know what to make of the "sweetest little pumpkin-pie baby" who threw firecrackers in lockers and lopped off another girl's ponytail.

Lane jokes, now, about her own mental illness, as part of her effort to ease taboos and help others view such disorders as medical conditions, not moral failings. She is careful, for the most part, to use the favored language of current trends -- people are in recovery, not sick. They are consumers, not patients. They have mental health issues, not diseases.

But in her less guarded moments, she is candid about the damage mental illness wreaks on the lives of those who have it and those who love them -- the tornado effect, she calls it.

"I have to be honest," she said. That's part of what keeps her from sliding back to a place where language can't save her.

Falling down, getting up

What does save her is community. On a recent Wednesday morning, Lane stood before a group of others with mental illness diagnoses in a Tacoma hotel conference room and spoke about building relationships that provide strength, encouragement and feedback.

Part of her job as head of the state's office of consumer partnerships is to train peer advocates to help provide such support to others. The training is part of a larger mandate to move the state's mental health system toward the philosophy that people can get better.

Recovery is a holistic approach that incorporates medical as well as psychosocial support systems, she said. It gets people involved and engaged in their own care.

But recovery is also a buzzword right now in the mental health bureaucracy -- it's a ticket for funding certain kinds of programs, and it angers some critics who think it's a euphemism for not funding new hospital beds, or other services for the severely mentally ill who may never be able to make it outside an institutional setting.

Lane agreed that recovery looks different for different people, and that it doesn't make a diagnosis disappear, or eliminate the need to fund assistance programs.

But in an era when needs are growing and resources are scarce, the question comes up again and again: Why do some people respond to help, and others don't?

"I know the answer to that," she said. "It's hope."

Lane's own recovery trajectory hasn't been linear.

After her diagnosis, she spent six years living on \$450-a-month Social Security income. "I could barely tie my own shoe. I had to learn to do everything over -- shop, budget, be a daughter, go to 12-step meetings."

She returned to school and began a series of "supported employment" positions where she was coached to learn new job skills. She eventually earned a master's in social work from the University of Washington. But there were slips along the way -- relapses with drinking, stints off her medications.

"I got there by falling down, landing on my face, getting back up again and again," she said.

Today, she lives part time with her boyfriend, a doctor, on Capitol Hill and part time in Olympia where she works. She has "recovery communities" in both places -- plays on two softball teams. "She is one who pretty well pulled herself up by the bootstraps," said her father, Joe Lane, who works security at the King County Courthouse where he sees others, less fortunate than his daughter, come and go every day.

Her resume includes an impressive list of titles and awards. She started a youth advocacy program that has been copied nationwide, and she has received awards from two governors.

"Stephanie's gotten a lot of professional programs going for consumers," said Richard Kellogg, director of the state's mental health division. "We're proud of her."

Lane doesn't take her recovery for granted. She keeps a couple of blurry self-portraits snapped 10 years ago when she was not doing well to remind her what it's like. In one, her eyes stare back at the camera like a stranger's. In another, her eyes look like caves. She fingers the second photo. "This is what my mind gets like -- everything is dark, like in silhouette, and out of focus."

Should she get like that again, she's written an advance directive, a legal document that indicates her preferences for care. She urges anyone with a mental illness to do the same.

"Mental illness is the disease that tells you you don't have a disease. It gets a little harder to deny it when it's in your own words."

Help from her friends

It's 5 p.m. on Wednesday, and Lane has just finished her last appointment -- an intervention meeting about a troubled teenager. All day, she's been focused on how to help others gain back their mental health.

Now it's her turn. She heads out to join a half-dozen of her close friends for dinner. They're celebrating a birthday.

The women gather at an Olympia restaurant and commandeer the biggest table in the main dining room. They embrace like long-lost relatives, and start right in on catching up. Their conversation darts and turns like swallows.

"These are the women who save my life," Lane said. For the friend's birthday, she's soliciting a list of 47 reasons they love her.

"Well, first -- she's blonde," says one of the women. This sends the table into a spasm of barely smothered mirth.

She's simple. She's complex. She's irrepressible. The chorus of qualities continues from around the table, some of them unmentionable.

Lane, giggling so hard that she can barely write, jots them all down. She could be writing about any one of them. Or about herself.

She laughs into the night.



Stephanie Lane, with the state's Mental Health Division, conducts a peer support training session to teach people living well with a mental illness diagnosis how to help others in their quest for recovery. (Dan DeLong / P-I)